

Thank you for your interest in establishing an account with Quality Bicycle Products. We offer quality products, services and solutions that can help your business grow and prosper. We have a friendly, knowledgeable customer service staff as well as a 24-hour, dealer-only website.

Please take a moment to complete the application and documents that are included with this letter. Upon receipt and approval of your application, we will contact you concerning your account status. Please keep in mind that incomplete paperwork can delay or stall your request. If you have any questions, please contact one of our Account Service Team agents.

Our relationship with the independent bicycle dealer (IBD) is of primary importance to us, that's why we have stringent criteria for opening an account.

Dedicated to Serving the Independent Bicycle Dealer

QBP is a wholesale distributor dedicated to serving the IBD. Because of their deep knowledge, investment and support of the bike industry, we believe the IBD best represents the product we carry. QBP has chosen not to partner with Internet-only shops. Your business must operate with the intention of being a brick-and-mortar bicycle shop. Any account that only minimally meets our technical account requirements and functions primarily for Internet sales will be closed—regardless of sales volume. Further, your shop must be:

- Clearly identifiable as a retail shop with dedication to the retail bicycle industry
- Operated with the intent of achieving profitability each year and not as a hobby

Commitment to Standards

Once your account is open, we ask you to maintain specific standards. These include:

- Ethical business practices
- Timely payment
- Business plan
- Profitability
- Respectful and courteous communication with QBP staff

Defining Your Business Strategy

In order to better serve your shop, please tell us a little about your business strategy. Although it doesn't have to be long and detailed, it should define your target customers and outline your strategy for serving them. Once we have a clear picture of your business, we can provide you with the right mix of products, programs and services to help your shop thrive.

QBP reserves the right to refuse an account based on the receipt and review of the above information, and your business' alignment with our standards and criteria. Please call the Account Service Team if you have any questions regarding these requirements.

QBP is a wholesale distributor dedicated to serving IBD's with quality products, services and solutions. This application process is the first step in developing a partnership with QBP. QBP will only sell products to qualified accounts and will not open an account that does not meet our criteria. QBP reserves the right to close an account for any reason, including failure to provide true or complete information on this application, or failure to use a professional and respectful demeanor when communicating with QBP staff.

The following materials are REQUIRED and must be submitted for review in order to be considered for a new account:

- This application completed fully and signed
- A copy of your certificate of liability insurance with QBP listed as a holder
- The Uniform Sales & Use Tax Certificate filled out and signed or your state form if not listed on the federal form
- Photos of your commercial location, including: signage, sales, service and/or manufacturing areas
- Credit application signed and completed (if applying for Net terms)

Please return your completed application to:

<http://qbp.com/dealers/domestic>

New Accounts
Quality Bicycle Products
6400 W. 105th St.
Bloomington, MN
55438-2554

Phone: 800-346-0004
Fax: 800-727-5955
Email: salesandserviceoperations@qbp.com

Please note that providing additional information can expedite the approval process.

Examples of optional materials you may wish to include are your business plan, advertising materials and/or business related invoices.

Legal business name _____ DBA _____

Please check: Partnership Individual Corporation Number of years in business _____ Number of locations _____

Product lines stocked _____ Total square footage _____

Do you sell: on the Internet? Yes No How do you prefer to receive invoices? Email Fax Mail None

Billing address _____ Shipping address* _____
(Mailing Address) (Primary Location)

City _____ State _____ Zip _____ City _____ State _____ Zip _____

County _____ Email _____ County _____ Website _____

Phone _____ Fax _____ Phone _____ Fax _____

Billing contact name _____ Manager's name _____ Buyer's name _____

Owner or principal's name** _____ SS# _____

Home address _____ City _____ State _____ Zip _____

Email _____ Home phone _____ Cell phone _____

**If there is more than one shipping location, please attach a separate sheet listing all locations and note which one is the primary*

***If there is more than one owner, please submit an additional sheet with the owner's information*

Terms and Conditions

It is agreed that a service charge of 1-1/2% per month may be charged on all delinquencies, or the highest rate permitted by prevailing state law, whichever is lower. In the event your account requires legal action or the service of a collection agency, you are responsible for all fees that accrue from such action. If your check is returned by the bank as uncollectible, a \$30.00 service charge will be added to your account and your account terms will be changed to credit card. QBP reserves the right to change your account terms at any time. If you wish to apply for Net 30 terms, please submit a credit application and personal guarantee in addition to your new account application.

By signing I certify that the information provided herein is true and correct and I am authorized to execute this agreement on the businesses behalf.

 /s/ _____
 Authorized signature _____ Date _____

Printed name _____

Title _____

By clicking this box and providing my electronic signature, I affirmatively attest that I have read, clearly understand and agree to the terms and conditions noted in the application on behalf of the applicant. The responses and information provided herein are complete, accurate and truthful. I am authorized to execute this application.

QBP shares new dealer contact information with the National Bicycle Dealers Association as they have a number of resources to help new dealers do business successfully.

I DO NOT want my Shop name, address, phone and email shared with the NBDA.

Your application will not be processed until ALL information is received.

UNIFORM SALES & USE TAX CERTIFICATE - MULTI JURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.*

Issued to Seller: QBP
 Address: 6400 W 105th St. Bloomington, Minnesota 55438

I certify that:

Name of Firm (Buyer): _____
 Address: _____

is engaged as a registered:

Wholesaler Retailer: _____
 Manufacturer Seller (California): _____
 Lessor: _____
 Other (specify): _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____
 General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL	2 _____	MO	13 _____
AR	_____	NE	14 _____
AZ	22 _____	NV	_____
CA	3 _____	NJ	_____
CO	1 _____	NM	1,15 _____
CT	4 _____	NC	25 _____
DC	4 _____	ND	_____
FL	23 _____	OH	26 _____
GA	5 _____	OK	16 _____
HI	1,6 _____	PA	27 _____
ID	_____	RI	17 _____
IL	1,8 _____	SC	1 _____
IA	_____	SD	18 _____
KS	8 _____	TN	_____
KY	_____	TX	19 _____
ME	9 _____	UT	_____
MD	10 _____	VT	1 _____
MI	11 _____	WA	20 _____
MN	12 _____	WI	17 _____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: JSI _____
 (Owner, Partner or Corporate Officer)

Title: _____
 Date: _____

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER Quality Bicycle Products 6400 W. 105th St. Bloomington, MN 55438-2554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.